



Suzanne Steab <suzannesteab@utah.gov>

RE: Certificate of Liability Insurance

Kit Pappas <kit@emerytelcom.net>

Tue, Jun 4, 2013 at 8:33 AM

To: Suzanne Steab <suzannesteab@utah.gov>

Hi Suzanne, attached, please find a copy of the Renewal Certificate of Liability Insurance for the Horizon Mine. Would you please distribute to the appropriate parties.

Thanks so much,

Kit

John C. (Kit) Pappas

America West Resources, Hidden Splendor Resources

Manager of Engineering & Environmental Services

3266 South 125 West, Price, Utah 84501

Phone: 435-636-0820 Fax: 435-636-0817

Cell: 435-650-7339

kit@emerytelcom.net

kit@americacoal.com

From: Suzanne Steab [<mailto:suzannesteab@utah.gov>]

Sent: Thursday, May 23, 2013 9:16 AM

To: Kit Pappas

Subject: Certificate of Liability Insurance

Hello,

Just a reminder that the Certificate of Liability Insurance for the Horizon Mine is due to expire on 6/4/13. Please send the renewal certificate as soon as it becomes available.

Thanks!

--

Suzanne Steab, Engineering Technician II

Division of Oil, Gas & Mining

1594 West North Temple, Suite 1210

Salt Lake City, Utah 84114-5801

No virus found in this message.

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Version: 2013.0.3343 / Virus Database: 3184/6350 - Release Date: 05/23/13

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Version: 2013.0.3343 / Virus Database: 3184/6350 - Release Date: 05/23/13



Liability Insurance Renewal 6-4-13.pdf

37K



CERTIFICATE OF LIABILITY INSURANCE

210141

DATE (MM/DD/YYYY)
6/3/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (304) 252-6375 Wells Fargo Insurance Services of West Virginia Inc. 41 Eagles Road Beckley, WV 25801-3643	CONTACT NAME: Sharon Johnson PHONE (A/C, No, Ext): 276.979.1759 FAX (A/C, No): 866.609.0867 E-MAIL ADDRESS: sharon.johnson1@wellsfargo.com																					
INSURED Hidden Splendor Resources, Inc. 3266 South 125 West Price UT 84501	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Great Midwest Insurance Company</td><td>18694</td></tr><tr><td>INSURER B:</td><td>Rockwood Casualty Insurance Company</td><td>35505</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great Midwest Insurance Company	18694	INSURER B:	Rockwood Casualty Insurance Company	35505	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 6138951**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC	X		To Be Assigned	06/04/13	09/04/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			To Be Assogmed	06/04/13	09/04/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			To Be Assigned	06/04/13	09/04/13	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/>		N/A	State of UT	09/30/12	09/30/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Utah Division of Oil, Gas and Mining are named an additional insured on the general liability policy as respects Horizon Mine Permit #ACT/007/020. General liability includes blasting and XCU coverage. A 45 day Notice of Cancellation will be provided to Utah Division of Oil, Gas and Mining subject to policy terms and conditions

CERTIFICATE HOLDER**CANCELLATION**

Utah Division of Oil, Gas and Mining
1594 W. North Temple
Suit 1210
St. Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE